PEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

HPLA.005US0

CLAIMS AS FILED - (Column				(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			10				1	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	JMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			√0 minus 20=		· ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			winus 3 =		* 6			X40=	_	OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=	_	OR	+270=	
* If	the difference i	in column 1 is	less than zero, enter		r "0" in column 2			TOTAL	315	OR	TOTAL	
CLAIMS AS AMEND (Column 1)				- PAR (Colui		(Column 3)		SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	,	HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	10	Minus	**	50	=		∜ <b>X\$</b> ,9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	***	3.	= 0		×40=		OR	X80=	
	· ·		OLITEL OLI	LINDLIN	1 OLANI			+135=		OR	+270=	
			2					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDII. 1 EE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 10	Minus	** /	20	= /		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	***	3 TCLAIM	<u> = /</u>		X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	OLTIPLE DE	PENDEN	TOLANI		J	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)				-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 10	Minus	**	20	=		X\$ 9=		OR	X\$18=	
	Independent	· >	Minus	***	S IT CLAIM	= /	-	X40=		OR	X80=	
<u>L</u>	FIRST PRESE	NTATION OF M	IOLTIPLE DE	PENDEN	II CLAIM	<u>'                                    </u>	J	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	The "Highest Nun	nber Previously Pa	aid For" (Total o	or Indepen	dent) is th	e highest numb	er fo	und in the ap	propriate bo	x in co	olumn 1.	

	•	•				
DATE:	17-19	-02				•
TO:	MP					
FROM:	Office of Initial P	Patent Examina	tion			
SUBJECT	: Fee Due	ţ				
APPLICA <sup>*</sup>	TION NUMBER:	09'871	485			
authorization	e for the attached dhe following reason to charge a depondappropriate fee. If ciency.	n. Please chec sit account. If	k the applicat	ion for th	ne appropria	ate
☐ Insuffic	ient fee by check					
□ Insuffic	ient funds in deposi	it account				
☐. Declined	d credit card					
□ Non auth	norization for charg	ge to deposit ac	count			
☐ No fee su	abmitted per requir	ement <sup>r.</sup>		,		
		÷ ;	٠,			
The correct	fee code:15	>	amount	\$	110	
The suspend	ed fee code: 197		amount	- \$	80	•
Fee Due			amount	=\$	30	
If you have as Eleanor Kurtz	ny questions, please z at 703-308-3642.	e contact Cyntl	nia Streater at	703-306	5-5430 or	
Terminal Ope	rator			•		